State of Alabama Department of Youth Services School District

Post Office Box 66 Mount Meigs, Alabama 36057 Telephone (334) 215-3850 Fax Number (334) 215-3011

Dear Applicant:

Your interest in working in the Department of Youth Services School District is duly noted. We are attempting to fill vacancies with highly trained quality personnel.

In order to expedite your application, you need to do the following things:

- 1. Send a completed application form, along with a copy of your drivers license and Social Security card.
- 2. In your own handwriting, write a paragraph or two explaining your philosophy of education and anything special you have to offer the students of our school district.
- 3. Request the colleges and universities you have attended to send up-to-date transcripts to my attention.
- 4. Complete the top portion of the reference forms. Send them to the appropriate person; e.g., (college supervisor, supervising teacher, former principal). You should enclose a stamped envelope with my address for each reference form. In lieu of the reference forms, you may request the college or university placement office to send your placement folder.
- 5. Have all information sent to the following address:

Dr. John Stewart Superintendent of Education Department of Youth Services Post Office Box 66 Mt. Meigs, AL 36057

Interviews are scheduled only after information as requested from items 1-4 has been received. Also note that your application and the information contained therein will be retained in the Personnel files for a period of 12 months or until definite disposition is made, whichever comes first.

Sincerely, John C. Stewart, EdD Superintendent, DYS District

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YOUTH SERVICES DEPARTMENT DISTRICT POST OFFICE BOX 66 MT. MEIGS, ALABAMA 36057

INSTRUCTIONS: The applicant should exercise great care in preparing this form. Do not omit any item. Complete the application in your own handwriting.

The Youth Services Department District operates under the following policy: "No person shall be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of disability, age, sex, race, religious belief, national origin or ethnic group."

NOTICE 1-Applications for Teaching and Other Certified Positions-It is necessary that your application, copy of Alabama Teacher's Certificate when issued, transcripts, placement credentials, recommendations and other data that you wish to be considered for openings, be provided to the Superintendent's Office, P.O. Box 66, Mt. Meigs, Alabama 36057. Your application will be kept in the active file for one year; for a longer period it will be necessary for you to request so by letter, annually. Any updating information should be furnished in writing on a regular basis.

NOTICE 2-Applications for Posted Notice Openings- (A separate application form is necessary for each posted opening.) It is necessary that your application, a copy of Alabama Teacher's Certificate when issued, transcripts, placement credentials, recommendations, and other data that you wish to be considered for the position for which you are applying be received by the Superintendent's Office within fifteen (15) days from the date of the posted notice opening.

YOUTH SERVICES DEPARTMENT DISTRICT P. O. Box 66 MT. MEIGS, AL 36057

AREA(S) OF ENDORSEMENT (As indicated on Alabama Teacher's Certificate)_____

PERSONAL INFORMATION Date Application Submitted Name: (Please Print) Last First Middle Social Security Number Present Address (Until _____) ____ Street or Route ZIP Code Telephone Number City State Permanent Address: City State Name and Telephone of someone knowing how you may be reached: _____Relationship of this Person to applicant:______ Date of Birth: Are you presently employed? Yes_____ No____ (If yes, please complete the following) Organization______Period of Employment_____ Period of Employment_____ May we contact your supervisor/principal? Yes_____ No____ Telephone No.____ Are you presently unemployed: Yes_____ No____ (If yes, complete the following) Last Previous Organization of Employment_____ Address of Organization______Position Held_____ Period of Employment Reason employment terminated______

May we contact your last supervisor/principal? Yes_____ No____ Telephone No.____

PROFESSIONAL PREPARATION

High School	_ Address	Date Graduated		
Colleges Attended / Address 1.	3	/ Degrees /	Date /	Major / Minor
2. 3.				
4.				
5.				
Student Teaching				
School /	Address		/ S1	ubject or Grade
College or University			Address	
conege of emiversity	/			
Certification Rank / Type / State /	Number /	Date of Is	sue / D	ate of Expiration
Teaching Experience (List in order of exper	rience):			
Name of School Location	Subject and/or Grades Taught	Fre		s Name and Address Yr. / of Principal
Total years teaching experience				
List all organizations, societies, etc. to which	h you belong or have	e belonged.		

NON-TEACHING EXPERIENCE: IMPORTANT: Please list ALL NON-TEACHING experience.

Type of Work	Location City & State	Hours Per Week		Name and Address of Employer	From To
1.	/	/ /	/	′	/Mo. Yr. / Mo. Yr.
2.					
3.					
4.					
	ing Experience	Years			
PROFESSIONA	L REFERENCES				
					be sent to the ubmitted. Please use
principal/supervi	prior teaching experiors. Applicants with upervisor and the surnce.	no prior teachin	g experience	e should provide a re	ference from the
Nam	ne /]	Present Address	(street and n	umber) /	Official Position
	: I understand the in				
knowledge. I un	tatements on or attac derstand that any fals mployment. I furthe	se statements ma	y cause me t	o be refused the opp	ortunity of
SIGNITURE				Date	

RELEASE

STATE OF			COUNT	Y OF		
My name is				I r	eside at	
	, City of _				, State of	
I am possessed of sour Alabama Department	nd mind and legally	competer	nt to exec	ute this rele	ase. I hereby auth	orize the
to		lo	ocated at _			
	, City	of			, State of	
Alabama Department of action which may a		d its office ce of the r	ers and ag release of	ents from a the crimina	iny and all claims, al history informati	actions, or causes on.
witness thereof I have	voluntarily signed	my name	of this the	2	day of	20
			SIGNA	ΓURE		
			SSN			
					RACE	
Witness			_			
City	State	ZIP			and subscribed be	
Witness				NOTA	DAY DUDI IC	
Address					RY PUBLIC	
City	State	ZIP		My Co	mmission expires_	

PLEASE RETURN THIS FORM ALONG WITH YOUR APPLICATION. INCLUDE A COPY OF YOUR DIVERS LICENSE AND A COPY OF YOUR SOCIAL SECURITY CARD.

The individual listed below has given your name as reference for employment purposes. Please rate the applicant on the scale provided.

NAME OF APPLICANT	POSITION FOR WHICH APPLICANT IS BEING CONSIDERED

		I. PE	RSONAL QUALIT	IES	
					NO BASIS FOR JUDGEMENT
1.	APPREANCE				
	Inappropriate	Ap	propriate	Outstanding	
2.	COMMUNICATION SKILLS a. Written Expression				
	Ineffective		Effective	Outstanding	
	b. Oral Expression Makes Frequent		Uses Language	Excellent Command	
	Grammatical Errors		Effectively	of the Language	
	c. Voice				
	Ineffective	Effec	tive	Very Effective	
3.	PERSONALITY				
	Ineffective in Social Relations		Congenial	Dynamic	
4.	PHYSICAL HEALTH AND VITALITY				
	1	nadequate	Adequate	Outstanding	
5.	POISE				
	Tense and Uncertain	Usually Exhil	oits Self-Control	Exceptional	
		II. TI	CACHING QUALIT	IES	
6.	PROVISION FOR INDIVIDUAL DIFFERENCES				
	Little Effort	Show	s Initiative	Outstanding Provision	
7.	KNOWLEDGE OF SUBJECT MATTER	S			
		Inadequate	Shows I	Initiative Outstanding Provision	
8.	ABILITY TO ACHIEVE STUDENT PAI IN LEARNING ACTIVITIES	RTICIPATION			
	Limited		Adequate	Outstanding	
9.	TEACHING APPROACHES				
	Needs to Consider A	lternative	Uses Effective Techniques	Exceptional	
10	O. TECHNIQUES IN EVALUATING STUDENT ACHIEVEMENT				
	Unsatisfa	ctory	Satisfactory	Thorough and Varied	

11. ENTHUSIASM IN				
CLASSROOM ACTIVITIESFails to Stime	ulate	Stimulates Interest	Dynamic	
			•	
12. PROMOTES DESIRABLE ATTITUDES AND BEHAVIOR				
Seldom		Frequently	Consistently	
12 CLASSROOM CONTROL				
13. CLASSROOM CONTROL Ineffective		Effective	Outstanding	
14. CLASSROOM MANAGEMENT Ineffective		Effective	Exceptional	
mericetive	,	Litective	Laceptional	
15. SENSE OF HUMOR		A 1	Enhancina	
Detrimental		Adequate	Enhancing	
III.	PROFES	SIONAL QUALITIE	S	
16 DARTICIDATION IN DUIL DING AND D	ICTDICT			
16. PARTICIPATION IN BUILDING AND DE ENDEAVORS FOR IMPROVING EDUCA				
	Little	Moderate	Extensive	
17. COOPERATING AND CONSIDERATE				
OF CO- WORKERS				
Not Evident	Ev	vident	Outstanding	
18. BUILDING PROCEDURES				
Ignores	Usual	ly Follows	Consistently Follows	
19. ATTITUDE TOWARD CONSTRUCTIVE				
CRITICISM				
Not Evident	Evide	ent	Outstanding	
20. COMMUNICATION WITH				
PARENTS				
Little	Adequate		Commendable Effort	
21. INTEREST IN TEACHING				
Minimal		Evident	Enthusiastic	
22. PROFESSIONAL RELATIONSHIP BETW	EEN			
TEACHER AND STUDENT				
Inappropriate		Satisfactory	Outstanding	
23. PUNCTUAL IN MEETING OBLIGATIONS	S			
	Seldom	Usually	Consistently	
CONCERNS AND/OR COMMENDATIONS:				
SIGNATURE OF PERSON COMPLETING FOR	KM	POSITION		
DATE		ADDDECC		
DATE		ADDRESS		